Zero Tolerance Approach to Violent Patients

New policy brings additional protection for staff

NHSGG has gone a step further to protect staff from violent or aggressive behaviour by patients.

It has introduced a new city-wide policy on dealing with violence and aggression, which includes allowing staff to withhold treatment if patients physically or verbally assault them or colleagues.

This new procedure, to be used only in the most extreme circumstances, is intended primarily as a deterrent.

NHS Greater Glasgow’s Chairman, Professor Sir John Arbuthnott, said: “Unfortunately evidence shows that incidents of violent and aggressive abuse are a serious factor for healthcare workers in our hospitals and communities.

“This is clearly unacceptable and NHS Greater Glasgow is totally committed to reducing and deterring such incidents as well as ensuring staff are trained to deal with situations when they do arise. We must do all we can to protect the delivery of healthcare 24-hours a day, seven days a week and enable staff to fulfill their duties.

“Clearly withholding treatment will only ever be a last resort and stringent safeguards have been put in place to ensure that the new procedure is managed closely. But there are circumstances where the protection of staff must take precedence.”

Emergency patients would never be refused treatment under any circumstances and neither would those who are not able to take responsibility for their own actions, such as those with a learning disability or head injury.

Sir John added: “Coping with people who need to find a reason why an accident or illness has occurred and perhaps need to find someone to blame is an everyday part of the job for our staff. First and foremost it is our duty to care and therefore it is our preference that we never reach the situation where we have to withhold treatment; preferring instead to de-escalate a situation before it gets to that stage.”

Continued on page 3

New policy brings additional protection for staff
**Employee Director**

**Farewell to Bill, Hello Donald**

NHSGG says a fond farewell to outgoing Employee Director, Bill Goudie. Mr Goudie was NHSGG’s first Employee Director and has been doing the job for the past four years. A senior pharmacist who worked at the Royal for more years than he’d care to mention, he said: “I’ve really enjoyed my time as Employee Director and relished my part in helping to shape NHSGG as it is now and for the future.

“When I started, a lot of my time was spent understanding how the different Trusts and Partnership Forums worked, getting to know the people and personalities and then helping them to take a more coordinated approach to the Area Partnership Forum. At the same time, I had also to understand and develop the Employee Director’s role as a non-executive member of the NHSGG Board. “However, the main thrust of my role was to ensure that the Area Partnership Forum became more involved in the Board’s strategic decision making and I think we’ve gone a long way to achieving that, although there is still some considerable way to go. Key issues still in progress include implementation of the Staff Governance Standard and the PIN Policy and Practice publications. We’ve also got the next staff survey coming out early in the new year and I think it will clearly be important for all staff to fully participate in it and let the Board know how we have performed as their employer.

“It’s been a terrific experience and I wish my successor, Donald Sime, all the best for the future.”

Chief Executive, Tom Divers praised Mr Goudie and added: “I’d like to thank Bill for his sterling work as Employee Director and member of NHSGG’s Board. I wish him well for the future. I’d also like to welcome Donald as the new Employee Director.”

Mr Goudie is succeeded by Donald Sime, a biomedical scientist who’s worked at the Western since 1972.

Mr Sime said: “I feel very privileged that colleagues have elected me to this post. I’m still trying to find my feet at the moment and looking forward to building on the work that Bill had done previously. There’s a considerable amount of work to be done and I look forward to the challenges that will bring.”

**Five Go Cycling for Charity**

Five NHSGG physiotherapists got on their bikes recently to take part in a 50 mile charity cycle from Edinburgh to Glasgow.

Graeme Watson and Donald Todd (both Shettleston Health Centre), John Muir (Bailiwick Health Centre), Tracey Lamb and Craig Wilson (both Bridgeton Health Centre) raised around £400 for Barnardos and Children 1st.

Meanwhile, three staff members from the North Division’s Finance department raised around £500 for Childline when they took part in the recent Great Scottish Run.

Wullie MacVicar, Mark Fulton and Stephen Sweeney all managed the race in around two hours. Well done all of you!

**New Policy Launch, Continued from page 1**

The ability to withhold treatment is just one small part of a wider policy which takes in a range of issues providing staff with guidance, knowledge and empowering them to deal confidently with difficult situations.

Ensuring a consistent approach across all of Glasgow’s healthcare settings, the new policy will also see NHSGG staff given the opportunity to complete a City and Guilds Certificate in dealing with aggression.

The course equips staff with de-escalation techniques - giving them the confidence to deal with difficult situations.

A&E Consultant Dr Phil Munro, based at the city’s Southern General Hospital, has welcomed the new policy. He said: “My colleagues and I are all too aware from personal experience what it is like to deal with an aggressive situation.

“The new policy, therefore, is helpful to us as it is clear, pragmatic and based on common sense. NHSGG staff work incredibly hard to provide the best possible care to all patients regardless of the circumstances. In return I think they deserve basic courtesy and respect and to be able to work without fear of intimidation, abuse or violence.”

Royal College of Nursing Officer for NHSGG, Joe Gallagher, said:

“This policy sends out the message that violence against healthcare staff will not be tolerated under any circumstances. It also encourages staff to report incidents as well as them being given the skills and support to deal with difficult situations when they arise. “Nurses have the right to come to work without the fear of assault or abuse. They want to deliver the highest quality of care possible. These new guidelines will allow them to do that in a safer environment for both them and other patients.”

UNISON’s Scottish Organiser for Health, Glyn Hawker, believes the policy will empower staff to deal with difficult situations more confidently. She said: “UNISON has been campaigning for a long time to get recognition of the difficulties and dangers regularly faced by NHS staff. We are very pleased to see the new policy implemented in NHSGG. It will help to create a safer environment for staff and patients alike.”

**How the new policy will work**

- Following unacceptable violence or aggression a formal written warning “yellow Card” is issued. If the behavior continues a “Red Card” will then be issued which would exclude the patient from receiving treatment on that particular occasion. Each case would be reviewed every time the patient returns for treatment.
- The only people who could take the step of withholding treatment would be senior clinicians. Their experience and knowledge of the patient and the patient’s condition – in addition to their responsibility for the wellbeing of the staff in their departments, as well as of other patients and visitors – would be factors in making a decision.
- The new policy will cover all of NHSGG’s healthcare settings including hospitals, GP surgeries and clinics.
- Between April 2004 and end March 2005 there were 2024 incidents of violence and aggression in our acute hospitals. Of this total 42% were actual physical assaults and 40% verbal abuse. This means that in our hospitals there are around three incidents of assault each day.
- For the same year, in Mental Health and Primary Care community based settings, there were a total of 8166 incidents with 77% due to some form of violence. That’s around 20 incidents of physical violence each day.

**What’s in the new hospital? It will:**
- house major specialised services including renal medicine, transplantation and vascular surgery
- be equipped with the largest A&E department in Scotland, with full back-up for the treatment of major trauma 24/7
- provide key services including the Institute of Neurosciences and the National Spinal Injuries Unit

Staff News will keep you up-to-date on the latest with the South Glasgow Hospital as and when new information arises. See the latest edition of Health News for a more detailed article.
A letter containing Mr Kerr’s view on how the project is taken forward.

Over the coming months, staff will also have their say on whether all of Glasgow’s interventional cardiology should be transferred to the Golden Jubilee alongside heart and lung surgery.

The review will include clinical staff from NHS Greater Glasgow and the West of Scotland. It will also involve surrounding health board areas to ensure that any future plans for the service being considered by other West of Scotland health boards are taken into account.

The benefits to staff are also advantageous. Considering the size of the Southern site, the new system relieves pressure from the porters to deliver emergency specimens at short notice and again allows clinicians to make a quicker diagnosis.

South Glasgow’s Business Manager, Kevin Begbie has received positive responses from staff regarding the system. He said: “Everyone who has used it, thought it was great.”

This was backed up by A&E Consultant, Malcolm Gordon (pictured with the system).

He said: “Since being installed the system has been excellent. It has been hugely beneficial in cutting the time down to get results back for patients. This equally benefits staff as they receive the specimens more quickly.”

Anne Morrison, Consultant in Haematology at the Southern General said: “A single in-patient haematology unit for South Glasgow means that medical and nursing staff from both the Southern and the Victoria Infirmary can work together to provide the highest standard of patient care, combining skills and expertise from both sites. “In addition, the unit is supported by the dedicated work of a multi-disciplinary team, including pharmacy, dietetics, physiotherapy, radiology and laboratories.”

### Staff Have Say on new Heart Lung Centre

At the end of September, NHSGG’s Board announced it had approved the proposal to transfer Glasgow’s heart and lung surgery units - including the national heart transplant service - to the Golden Jubilee National Hospital in Clydebank.

The Board did this having been advised that significant progress had been made in addressing the issues to come out of the 12-week consultation exercise that ended in May - and that many concerns had now been allayed. A letter from one consultant to the Minister for Health - reported by the BBC and the Herald - made it clear however, that some remain unhappy about the move.

One of the key challenges over the coming months (as detailed transfer plans are developed) will be to work to resolve any outstanding concerns.

A Clinical Implementation Group is being set up to ensure that clinical and managerial staff, along with staff partners, in NHS Greater Glasgow, NHS Lanarkshire and the Golden Jubilee National Hospital can all participate in planning the transfer of the service.

Alan Faichney, lead clinician on the project, explained: “We couldn’t contemplate moving a service down to the Golden Jubilee if we were not confident that the service provided would not only be equal, but better than what we are enjoying at the moment.

“We were always aware that some colleagues had concerns about the feasibility of transferring Glasgow’s cardiothoracic service to the Golden Jubilee. We have listened to our colleagues and worked over the past few months to address these issues.

“That is why we extended our discussions with clinical colleagues over the summer before recommending to the Board that we proceed with the proposal.

“That is also why we have decided to set up a group which will include doctors and others to oversee the implementation of the transfer, should the Minister give us the go-ahead to proceed.

“This will ensure that our colleagues continue to have a say on how the project is taken forward.”

Over the coming months, staff will also have their say on whether all of Glasgow’s interventional cardiology should be transferred to the Golden Jubilee alongside heart and lung surgery.

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### ANNUAL ACCOUNTABILITY REVIEW REPORT

A Year of Progress and Challenge

NHS Greater Glasgow came under scrutiny recently when Health Minister, Andy Kerr, held his 2005 Annual Review.

At the Royal Concert Hall, Mr Kerr and his team quizzed senior officials from NHS Greater Glasgow on how health services are provided in Greater Glasgow.

They spoke about a number of issues including the work NHS Greater Glasgow is doing around helping people give up smoking; our work to tackle dental decay in children; waiting times; developments in cancer services; the new Community Health Partnerships and Community Health & Social Care Partnerships; and Infection Control.

The meeting concluded that NHS Greater Glasgow met its targets and balanced its budget for 2004/2005.

A letter containing Mr Kerr’s full assessment and action plan will be published on our website as soon as we’ve received it.

### Samples are flying between departments

A fantastic new £50,000 Pneumatic Tube System which quickly transports samples between departments has been installed in the Southern General.

The system is used within the hospital site to transport samples between departments, including Accident & Emergency, HDU, Medical Admissions Unit and the labs.

The Tube System works by creating a rush of air behind a specimen carrier, which sends it to the relevant department through a two-way tube. No specialist training is required to use this simple, but ultra efficient system.

At present the system is used throughout eight departments within the Southern and is being expanded to the Biochemistry department next year. However, there is the opportunity to develop the system throughout the hospital site in the future.

The system offers significant benefits to patients in that samples can be transported at a much faster rate to and from the labs, which allows clinicians to make quicker decisions for patients to be treated more quickly.

ActressOpensBloodDiseasesUnit

Sarah of stage and screen, Maureen Lipman officially opened the Southern General’s new haematology (blood diseases) unit in October.

Maureen, whose husband, the playwright Jack Rosenthal died from myeloma (a type of blood cancer), met with staff and former patients at the opening.

The new unit at the Southern has been fully refurbished and designed with the patients’ wellbeing in mind. Named “Solas”, which is Gaelic for light, the unit is designed to help patients, their families and friends at what can often be a very difficult time.

Dr Anne Morrison, Consultant in Haematology at the Southern General said: “A single in-patient haematology unit for South Glasgow means

### Speedier Results

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He said: “Since being installed the system has been excellent. It has been hugely beneficial in cutting the time down to get results back for patients. This equally benefits staff as they receive the specimens more quickly.”

Maureen chats to Staff Nurse Cathy Campbell at the opening.

Pic courtesy of The Daily Record.
Computers for £6.16 a month? Now that’s a bargain!
How do you fancy your own home computer for as little as £6.16 a month? Sound amazing? Well, you can.

NHS GG has teamed up with BT on a Government-led scheme known as the Home Computing Initiative. How it works is that NHS GG employees have the chance to lease computer equipment - Dell or AppleMac - for use in the home over a three-year period. The lease cost is deducted from your gross pay (ie before tax and National Insurance) and at the end of the three years, you have the chance to buy the equipment for a nominal fee or return the equipment to BT.

HR Manager, Helen Ostrycharz, who was involved, on behalf of the Area Partnership Forum (APF), in bringing the scheme to NHS GG staff, said: “This is a great offer for staff and we hope a fair number of staff will take advantage of this scheme.”

Donald Sime, APF Co-Chair and Employee Director said: “This is a fantastic initiative for staff and we look forward to working with management colleagues to bring forward similar staff initiatives in the future.”

The great thing about this initiative is that you save money because you do not pay Income Tax and National Insurance on the amount by which your gross salary is reduced when you pay for the equipment.

Any employee can join the scheme provided you:
- Have a permanent contract of employment or a fixed term contract of more than two years
- Are an NHS Greater Glasgow employee paid via the common NHS Payroll
- Are aged 18 years or over
- Work a minimum of 16 hours per week
- Are not on a period of unpaid absence or less than two years from retirement

A pack giving you more information on this initiative has already been sent out to eligible staff giving you details of how it works and conditions.

Clatty no more

Alas, it has come to pass that this Guy Fawkes’ Night will have far fewer bangers than ever before - in the West End at least. Cleopatra’s - possibly the last nightclub in Europe which allowed Western Infirmary staff through the door - is no more.

It appears that the sticky carpet has been lifted (and presumably rolled up into a concrete casket and launched into space by Environmental Health), discarded scrubs put in a skip and long-forgotten junior doctors and nurse trainees poured out onto the street.

Clatty Pat is dead and long live ‘The Viper’ it seems, her modern, minimalist replacement. It is assumed that the reptilian name represents the fabled Ptolemaic Queen of Egypt’s chosen method of dispatch by poisonous snake in 30 BC. However, the Endoscope was under the impression that the species which pierced the old queen wasn’t a viper - an historical fact which explains why every male visitor to Clatty Pat’s was usually invited to ‘show us yer asp’ by the assembled senior nurses.

Hello - I’m not so OK

As most Endoscope readers will be only too well aware, many a night in the old Clatty Pat’s resulted a few days later with a visit to the ‘family planning’ clinic. Staff there have always reported the remarkable number of celebrity names which, by overwhelming coincidence, many of the good citizens of Glasgow seem to share. In any one week there will be a dozen ‘Sharon Stones’, a brace of ‘Victoria Beckhams’, two or three ‘Beyonces’ and a few ‘Penny Lancasters’. The Endoscope does not share staff cynicism that these might be mere nom de plumes used by people who have being doing something they shouldn’t.

2005 Scottish Health Awards Finalists

Congratulations to NHS GG staff who are finalists in this year’s Scottish Health Awards.

They are:
- Doctors Award
  - Dr Gavin McCallum, Consultant Anaesthetist, Chronic Pain Control Team, Southern General Hospital
  - Unsung Hero Award
  - Sister Marie Addison, Practice Nurse, Dr MacKevie and Partners, Springburn Health Centre and Dr Alistair Wilson, Clinical Director, West Sector Management Team, Gartnavel Royal Hospital

- Top Team Award
  - Kevin Murray and Team, Westmar Southern General Hospital
  - Older People Award
  - May Payne, Fitness Consultant, NHS GG/Dunbartonshire Council

- Mental Health Team Award
  - Nursing Staff and Ward Manager Sharon Lafferty, Rutherford House Nursing Team, Gartnavel Royal Hospital

- Heart Disease Team Award
  - Ward 5A, Cardiac Care, The Royal Hospital for Sick Children, Glasgow

- Women and Children’s Services Award
  - Special Care Baby Unit,

Paediatrics, Queen Mother’s Maternity Hospital, Glasgow and Alison Heneghan and Team, Community Midwives, Queen Mother’s Maternity Hospital, Glasgow

And Stephen Hannah, Paramedic with the Scottish Ambulance Service based at the City Heliport, Glasgow has been nominated for the Ambulance Team Award.

Now in their third year, the Scottish Health Awards ceremony will take place in the Assembly Rooms, Edinburgh on Thursday November 10, 2005. The awards are being sponsored by the Daily Record, the Scottish Executive, Boehringer Ingelheim, Cerner, Glaxo Smith Kline, Royal College of Nursing and supported by the Scottish Partnership Forum and Human Resources Forum.
Fifty members of staff from across North Glasgow’s hospitals have successfully completed their Cleanliness Champion training course and are already putting in place changes in practice to reduce healthcare associated infections (HAIs).

In addition, 350 more Cleanliness Champions are part way through their training and due to take up their role model to colleagues, be skilled in the correct techniques of ensuring environmental cleanliness such as hand hygiene and associated with HAI.

And in Primary Care, 23 staff are now fully trained Cleanliness Champions with another 84 about to go through the training.

So what does a Cleanliness Champion do? The role of the Cleanliness Champion is to act as a role model to colleagues, be skilled in the correct techniques of ensuring high standards of cleanliness, based on best practice.

John Stuart, North Glasgow’s Divisional Nurse for Clinical Services, is the man in charge of implementing the Cleanliness Champion training programme across North Glasgow hospitals.

Explaining more about the course, he said: “Offering knowledge and understanding of key infection control issues such as hand hygiene and environmental cleanliness ensures that our new Cleanliness Champions are equipped to help local infection control teams in the battle against Healthcare Associated Infections (HAI).

“Whilst we are delighted at the progress we are making with the programme, there is no room for complacency. We need to remain vigilant and encourage as many staff members as possible from all disciplines to register for the course in our quest to raise awareness and reduce the risks associated with HAI.”

Eileen Burns, Deputy Director of Mental Health and Learning Difficulties, revealed that the course had been welcomed by PCD staff.

She said: “This has proven to be an extensive, effective and well supported programme. Participants found that the programme has increased their knowledge and skills in the area of Healthcare Associated Infection. The commitment from the participants, managers and staff, who supported the programme, has been crucial to its success and will continue to inform further development.”

And in South Division, Annette Rankine, an Infection Control Nurse at the Victoria Hospital, said: “The training has been well received by all grades of staff from auxiliaries through to ward sisters.”

Developed by NHS Education Scotland, the course can be done through either e-learning, hard copy or CD-ROM - so it really couldn’t be easier to take part.

A self-tean course, it is designed for any healthcare worker who has direct contact with patients, for instance, porters, doctors, radiographers, nurses, physiotherapists and support services.

Taking around 30 hours to complete, staff are given study breaks to complete the 11 modules which make up the programme. Marie Brennan, Rehabilitation Technical Instructor 2, within the IRIS team at GRI’s Ward 26, is one of the first 50 Cleanliness Champions. She believes that her training is already making a difference in her workplace and both she and her colleagues have seen immediate improvements. Marie told Staff News: “Cleanliness standards in my working area have definitely improved and it’s now a much more comfortable and pleasant environment to work in. The course gave me the confidence to ask for more assistance in improving and raising standards of cleanliness within my workplace.”

If you’re keen to sign up to be a Cleanliness Champion contact:

- North Division - the Training, Education and development Department on 13562
- South Division - Arice Gillespie, Deputy Director of Nursing 0141 201 5829
- Primary Care - Joseph Winters on 0141 211 3813

The North Division’s champions line up: Back Row; John Stuart (Divisional Nurse for Clinical Services, North Glasgow), Debbie Thompson (Learning Skills Development Coordinator), Jackie Stewart (Infection Control Nurse), Marie Brennan (IRIS Team), Catherine Wright, Helen MacDonald, Anne Zycinski, John McGregor (Champions Administrator).

Front Row; Isobal Henderson, Thomas Reilly, Linda Connolly, Melanie Gray, Charles McAll, Robert Bamford.

ANOTHER AWARD FOR GLASGOW

The Glaucoma Team at Glasgow Royal Infirmary were celebrating earlier this year after getting the £5,000 runner up prize in the Glaucoma Achievement Awards.

The award was presented for the team’s database which was developed to allow any changes in a patient’s medical therapy to be monitored and the treatment modified when necessary.

Dr Donald Montgomery, Consultant Ophthalmologist, runs the service and is delighted his team’s efforts have been recognised.

He said: “This award is a tribute to the tremendous work done by the whole team. The implementation of the new database is allowing us to continuously monitor changes in patients’ medical therapy.”

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He said: “This award is a tribute to the tremendous work done by the whole team. The implementation of the new database is allowing us to continuously monitor changes in patients’ medical therapy.”
Big changes are on the way for staff, patients and visitors who smoke from next March!

As of March 26 next year, smoking will be banned across all NHS Greater Glasgow sites, including hospitals, health centres and other healthcare settings.

Drawn up following consultation with staff, patients and others earlier this year, NHSSGG's smoking policy is aimed at protecting everyone working on, being cared for or visiting any of our sites from tobacco smoke. It also recognises that NHSSGG should play a pivotal role in improving health and reducing smoking rates in a city where more than half the population in some districts are smokers.

Senior Health Promotion Officer Lisa Buck believes the NHSSGG ban may well prompt smokers to try to quit the habit - but if not, it should nonetheless make hospitals and surgeries safer places in which to work or visit.

"At present patients can smoke in some buildings, but from March 26, 2006 every building and entrance will be smoke free. Smoking shelters will be dismantled, and other designated areas outside will be scrapped by March 2007, making NHS Greater Glasgow a completely smoke-free environment."

NHSSGG employees will also have to observe the ban, and will no longer be allowed to take patients who smoke outside for a cigarette.

Lisa Buck believes that will benefit both parties: "Staff will no longer be leaving wards and having their uniforms contaminated, and it'll also protect them from the effects of second-hand smoke."

"Of course, it does also mean staff will have to be able to have a cigarette anywhere on the grounds as of March. Anyone who finds it difficult to stop can contact Smoking Concerns (0141 201 9625), and we'll offer training for staff at the different sites to help colleagues give up. Local Occupational Health Departments can also help."

There will be some exceptions, including residential care homes and long-stay psychiatric facilities, which are effectively patients' homes, in line with the introduction of the Smoking, Health and Social Care (Scotland) Act 2005.

Freedom of Information Protocols must be followed

Many of you, by now, will have dealt with Freedom of Information requests and dealt with them effectively and in the proper manner.

However, we’ve been made aware that there is a small number of staff who have received Freedom of Information (FOI) requests and did not follow the proper protocols. Here are some quick pointers to help.

If you receive an FOI request it’s your responsibility to ensure it is dealt with correctly and promptly. We have a legal obligation to follow FOI protocols and could end up in court if they aren’t followed properly.

Any member of staff could receive an FOI request and, if you do, you must ensure it is:

- Properly logged - you must keep a record of when you received the request, what is the deadline for a response and ensure that your local FOI contact knows you are dealing with it
- Dealt with by yourself or passed on to the appropriate person (it could be someone in a different department) with their agreement
- Responded to within the correct timescales which is 20 working days - this is a legal requirement and the clock starts ticking the day after the request is received by NHSSGG

If you are dealing with a request and are not sure about what information should not be provided (this is called exempt information) or charging then contact your local FOI contact (listed right). They’ve got experience in dealing with FOIs and are best placed to give you sound advice.

If you are approached by someone asking a question under FOI and you can answer the question easily or by providing a leaflet or other written information, then do so. If not, ask them to put the request down in writing - paper or email - to the appropriate person who can provide the information.

To help you deal with FOI requests, NHSSGG has its own Publication Scheme which sets out all the publications available to the public. The latest version is available from: www.nhssgg.org.uk/foi/publication_scheme

Another useful website is: www.itstopublicknowledge.com

A summary list of exemptions and information leaflets on FOI are also available to staff.

To get a copy of exemptions and information leaflets or for more information on any of the above, contact your local FOI officer:
- Board
  - John Hamilton
  - 0141 201 4608
- North
  - Isobel Brown
  - 0141 211 1790
- PCD
  - John Dearden
  - 0141 211 0214
- South
  - Gavin Barclay
  - 0141 201 1257
- Yorkshire
  - Coral Brady
  - 0141 201 9279

Speedier Colorectal Referrals Means Quicker Treatment

Colorectal cancer staff are working with Primary Care colleagues to speed up referrals for people with suspected colorectal cancer.

They’ve extended a successful South Glasgow referral process to the north which means patients are being triaged and seen more quickly.

The Colorectal Referral Project has already been successfully working in the Southern General Hospital and Victoria Infirmary and is now being introduced at the Glasgow Royal, Stobhill, the Western and Gartnavel.

How it works is simple: a patient goes to see his or her GP and the GP, using the new referral system, refers the patient to colorectal units within the city's hospitals.

In the South, the referrals are collated to a central point and then are vetted by consultants who decide the most appropriate way forward for investigation of the patient.

In the North, the referrals go to one of the four hospitals as appropriate and are vetted by specialist nurses using agreed protocols who decide on the next steps for the patients.

The patient receives an appointment and may in the first instance be seen by a specialist nurse at a nurse led clinic. These highly skilled professionals will look at a number of factors, including the person’s symptoms and age, and decide on the best way forward for investigation and diagnosis. The nurses are also trained as endoscopists and if colonoscopy or flexible sigmoidoscopy is the investigation of choice they may in fact be the practitioners who perform the procedure.

In many cases, patients’ symptoms will be investigated and treated by the nurses, but more complex cases will be referred to a consultant.

This new system means that many more patients can be seen more quickly.

To speed things up even more, the colorectal teams have developed a colorectal referral form on SCI Gateway. SCI Gateway is the electronic system used by GPs to refer patients for treatment in hospitals.

Jill Renwick, who is facilitating the system for the hospitals in the north of the city, explained: “It’s the combination of the referral system and the nurse specialists that has made this project so successful at the Victoria and Southern General Hospitals. Now we’re extending it to the other city hospitals to ensure patients are seen quicker and, if they need to, receive treatment faster than ever before.”

“The specialist nurses are highly trained professionals with a great deal of experience in colorectal conditions. Through this system, they and the consultants are able to see many more patients, more quickly and ensure that the patient receives the appropriate treatment in the minimum amount of time.”

She added: “This system has already proven successful in the Victoria and Southern General and we are excited to be extending it to the hospitals in the north of the city. We hope this project will further improve the investigation, management and care of patients with colorectal symptoms across the city.”

New Health Website

A new website which helps the public access a wide range of information on health and social care services in Glasgow has been launched.

The Glasgow’s Health Hub website - www.glasgowhealthhub.org.uk - is an electronic one-stop shop for information on health and related issues affecting the city’s residents.

The new site is aimed at Glasgow citizens, but anyone can access it.
Latest on AHP Concerns

In the last edition of "Staff News" representatives of the Allied Health Professions told us about some of the issues that had come up in discussion of NHS Greater Glasgow’s reorganisation proposals.

At a meeting with Tom Divers, Chief Executive and Catriona Renfrew, Director of Planning and Community Care they took the opportunity to raise concerns and ask questions.

Occupational Therapists engaged in Older People’s Mental Health wanted to clarify the links with the service under the new system. Catriona Renfrew agreed that OPMH service under the new system would be distinct from other Mental Health services and the new system needed to reflect that and make sure the links were in place. The point would be explored in more detail with OTs and other disciplines involved.

Physiotherapists in the Acute Sector particularly wanted to know how the rotational and on-call arrangements for Acute would translate into the whole system with the move to place staff caring for adult patients into multi-disciplinary teams. Tom Divers gave the assurance that, while all AHPs would be managed within the new Rehabilitation and Assessment Division, there was no intention to change sensible arrangements that already worked. Any proposals to merge on-call and rotational arrangements would need careful consultation and there would be a need to liaise when managers took up their new posts. A meeting would be arranged to take these discussions forward.

Podiatrists raised the issue of the role of the Clinical Service Manager and confirmation of the professional nature of this post was asked for. Tom Divers and Catriona Renfrew agreed that the CSM posts would be professional and that there was a need for visible professional leadership for each profession. How this can be provided by CSMS is another of the issues for further discussion.

Speech and Language Therapists were concerned to know how someone would cope with their clinical caseload and the additional role of Team Leader. In response, the Chief Executive was clear about the real and serious commitment to provide resources in terms of time or backfill where necessary: “We have not lost sight of the issues in regard to professional leadership.”

AHP reps are eager to move forward and discuss all the issues around implementation of the new single system proposals. They are meeting as a group to identify issues specific to each profession and highlight those common to all and the next meeting with the Chief Executive and Director of Planning and Community Care takes place this month.

In the meantime, if you would like to know more about these discussions you can talk to your professional organisation representative.

In the next edition of Staff News, we’ll have a look at the work of another Allied Health Profession, this time in the shape of Graham Pirie, a Podiatrist based at Parkhead Health Centre.

Yorkhill GP Education Evenings Go From Success to Success...

The Yorkhill Child Health Clinical Forum hosted the latest in its regular education evenings in the DCH Lecture Theatre at Yorkhill Hospital in September.

These popular evening have been running for the past four years and are accredited by the Royal College of General Practitioners through the Education Providers Accreditation Scheme Scotland (EPASS). Dr Isabelle Cullen, a local GP, chairs the event.

Every GP in Greater Glasgow is invited to the education evenings and, through them, invites are extended to Health Visitors, Practice Nurses and other interested professionals.

In conjunction with these events, a dedicated handbook has been designed to assist and support colleagues working in Primary Care by providing guidance in recognising and managing a range of common childhood conditions.

The Paediatrics for Primary Care Handbook was produced through the Greater Glasgow Clinical Forum, and covers various clinical topics, supported, where appropriate, with patient information leaflets for distribution to patients. The topics included in the book are not exhaustive, but are an easily accessible review of how to manage and recognise some of the more common childhood conditions. The book is written in relation to the protocols and procedures at Yorkhill, ensuring that Primary Care colleagues have access to as much information as possible.

The handbook has been issued to all GP surgeries and is also available on www.nhsgg.org.uk/ppchandbook

At its latest event, Leigh McManus, Hearing Screening Manager, and Dr Juan Mora, recently appointed as the first Consultant Audiological Physician in Scotland, delivered presentations on the introduction of Universal Neonatal Hearing Screening in Glasgow’s maternity units. In addition, Haytham Kubba, Consultant ENT Surgeon, gave a lively talk on common ENT conditions.

Anyone interested in getting involved or attending a future education evening should contact John Mullen, Yorkhill, on ext. 80477.

New Forum for NHS Staff

A brand new service is now available, free-of-charge to all NHS staff with an NHS email address. NHSForum.co.uk allows staff to voice opinions about all manner of key issues completely anonymously.

The website also has information on a range of clinical zones to encourage staff to share good practise, staff benefits and much more.

For more information, go to www.NHSForum.co.uk
NHSGG in the Headlines

As always, the last couple of months has been a busy time for the NHSGG Communications team with literally dozens of issues keeping us in the news.

Some have been planned and positive, some have meant we’ve had to respond to negative coverage and others seemed to come from nowhere!

Meningitis outbreak
A fast response from the Press Office was needed when two young children were found to be suffering from meningitis. This condition is one that can be particularly frightening for members of the public and, whenever any cases are confirmed, the press team will always give details of signs and symptoms so that people can be well informed.

Sometimes these fears could be put to rest by explaining some of the circumstances. However, patient confidentiality is always paramount. On this occasion, the Press Office gave very basic non-identifying information about the children involved, and detailed background on the condition itself, leading to coverage which could reassure any worried parents.

Smoking ban
There was extensive coverage in September, when the Board of NHSGG launched its plans to ban smoking within its premises. Both the Press Office and the media knew in advance that this would be raised, meaning a lot of work could go into preparing our responses.

After the Board made its decision, we worked with the media to emphasise that we were proud to be taking a positive health promotion step. Coverage, as a result, was fair and balanced.

GP cover during holidays
Sometimes the Press Office will have to work to correct misconceptions or misrepresentations. In September, NHSGG revealed details of contingency plans for GP cover in case of any major incidents or outbreaks. This included the possibility of bringing in cover from other countries for periods that are traditionally popular holiday times for Scottish doctors, like the Glasgow Fair.

But some headlines instead seemed to imply we were skimping financially or were trying to fly in planeloads of foreign GPs - and what the Press Office thought was a positive piece of coverage on some sensible forward-planning precautions was virtually unrecognisable in the headlines.

Weight loss
And we had some unexpected successes too! The Herald asked to speak to someone from NHSGG who could explain about what’s done to help people lose weight. This turned into an extremely positive and substantial feature about the Glasgow Weight Management Service, which even featured team leader Allison Bingham’s photo on the front page!
Don’t let the Flu bug catch you!

The flu season is about to get underway and NHS staff, particularly those working in the frontline, are being encouraged to take ten minutes out of their busy schedules to get vaccinated.

If you are in contact with patients on a regular basis it is a good idea to get the flu vaccination. Not only does it protect you against certain flu bugs but offers some protection to vulnerable patients.

Occupational Health will be doing the rounds mid November encouraging staff to get vaccinated.

The dates and venues for these are (all 9.30am to 3.15pm):
- **Gartnavel**: Boardroom (Nov 11) and Committee Room (Nov 16)
- **Royal Infirmary**: Campsie Dining Room, Fleming Suite (Nov 8) and Committee Room, Centre Block (Nov 15)
- **Stobhill**: Venue to be confirmed locally (Nov 9 and 16)
- **Yorkhill**: Venue to be confirmed locally (Nov 9, 10, 14 and 18)
- **Western Infirmary**: Occupational Health Department (Nov 7 and 17)

If you can’t make it to one of their sessions they can arrange to come to you in your ward or clinic.

Staff are being encouraged to get vaccinated